

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/575,508	FILING DATE 4-13-06
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1	1					
3		1		1				
4		1		1				
5		2		2				
6		1		1				
7		1		1				
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46		1		1				
47		1		1				
48		1		1				
49		1		1				
50		1		1				
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								
51		1		1				
52		1		1				
53		1		1				
54	1		1					
55		1		1				
56		1		1				
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96								
97								
98								
99								
100								
TOTAL IND.	4	↓	4	↓		↓		
TOTAL DEP.	59	←	52	←		←		
TOTAL CLAIMS	57		56					